



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County: 12 Deer Lodge	District: 0236 Anaconda Elem	District Level: Elementary

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
86	10	1	21	1.57	77	08/03/04	_____	_____
100	10	10	61.2	0.95	39	08/03/04	_____	_____
71.6	10	1B	108	1.80	84	07/15/04	_____	_____
70	10	2	107.2	1.57	77	08/03/04	_____	_____
67	10	3	35.2	1.57	77	08/03/04	_____	_____
100	10	4	17.2	1.57	77	08/03/04	_____	_____
83	10	5	109.6	1.57	77	08/03/04	_____	_____
61	10	6	108.6	1.57	77	08/03/04	_____	_____
65	10	7	38	1.57	77	08/03/04	_____	_____
61	10	8	62.2	1.57	77	08/03/04	_____	_____
23	10	9	26	1.57	77	08/03/04	_____	_____



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Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:
12 Deer Lodge	0237 Anaconda H S	High School

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
14	10	1	21	1.57	77	08/03/04	_____	_____
30	10	2	107.2	1.57	77	08/03/04	_____	_____
33	10	3	35.2	1.57	77	08/03/04	_____	_____
17	10	5	109.6	1.57	77	08/03/04	_____	_____
39	10	6	108.6	1.57	77	08/03/04	_____	_____
35	10	7	38	1.57	77	08/03/04	_____	_____
39	10	8	62.2	1.57	77	08/03/04	_____	_____
77	10	9	26	1.57	77	08/03/04	_____	_____